

Name  
in  
Full

Amanda Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

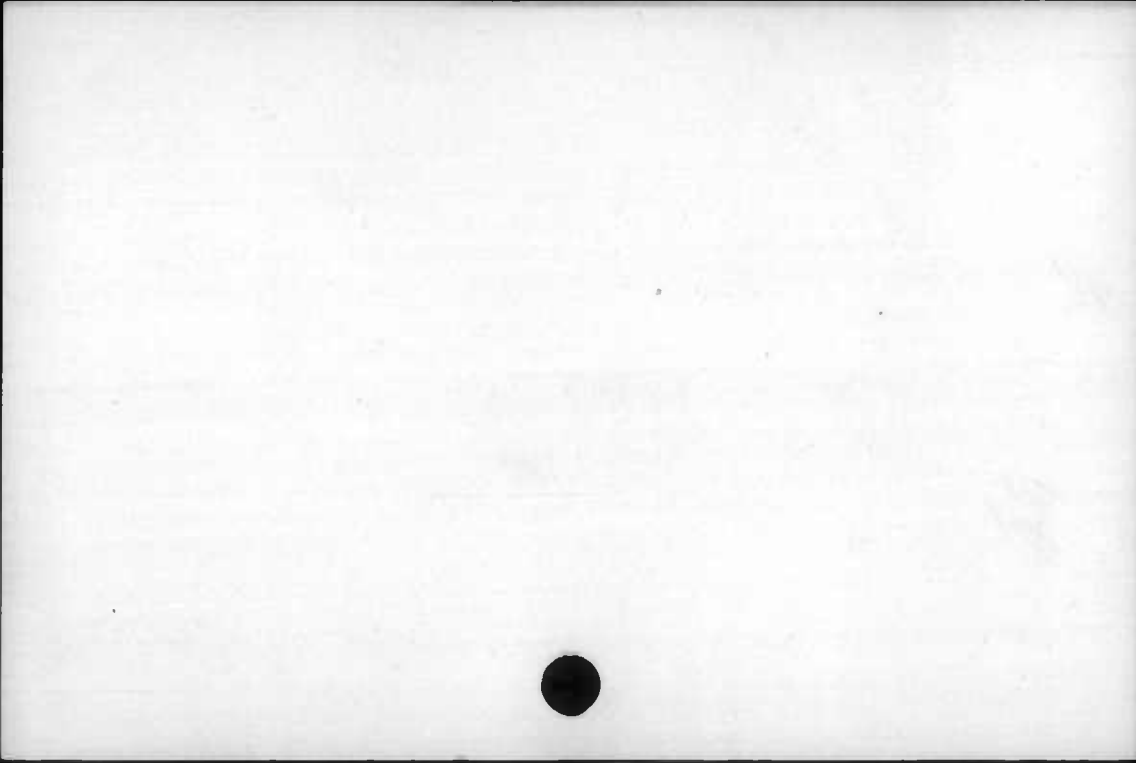
Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u>	<u>Dec</u> <small>Month</small>	<u>22</u> <small>Day</small>	Age <u>73</u> <small>Years</small>	<u>Unk</u> <small>Months</small> <u>Unk</u> <small>Days</small>
Sex	<u>Female</u>		Color or Race	<u>Black</u>	
Occupation	<u>Cook</u>		Birth-place	<u>Caroline Co</u>	
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband		
Father's Name <u>John Anderson</u>			Father's Birthplace <u>Caroline</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Allen Waters</u>			How related to deceased <u>Son in law.</u>		
			Where Residing if not at place of death <u>Home</u>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary			How long	
Immediate	<u>Heart Failure</u>		How long	<u>5 minutes</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician <u>James D. Wrentham</u>	
			Address <u>Easton Md</u>	
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Daniel Burke*

Died at *St. Michaels* <sup>Town</sup> *Talbot* <sup>County</sup>

MARYLAND

Date of death 190 *9* <sup>Month</sup> *Dec* <sup>Day</sup> *22* <sup>Years</sup> *48* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *White* Birth-place *Talbot Co*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Wm A Burke* Father's Birthplace *Talbot Co*

Mother's Maiden Name *Mary Mitchell* Mother's Birthplace *Talbot Co*

Name of person giving Information How related to deceased

CAUSES OF DEATH

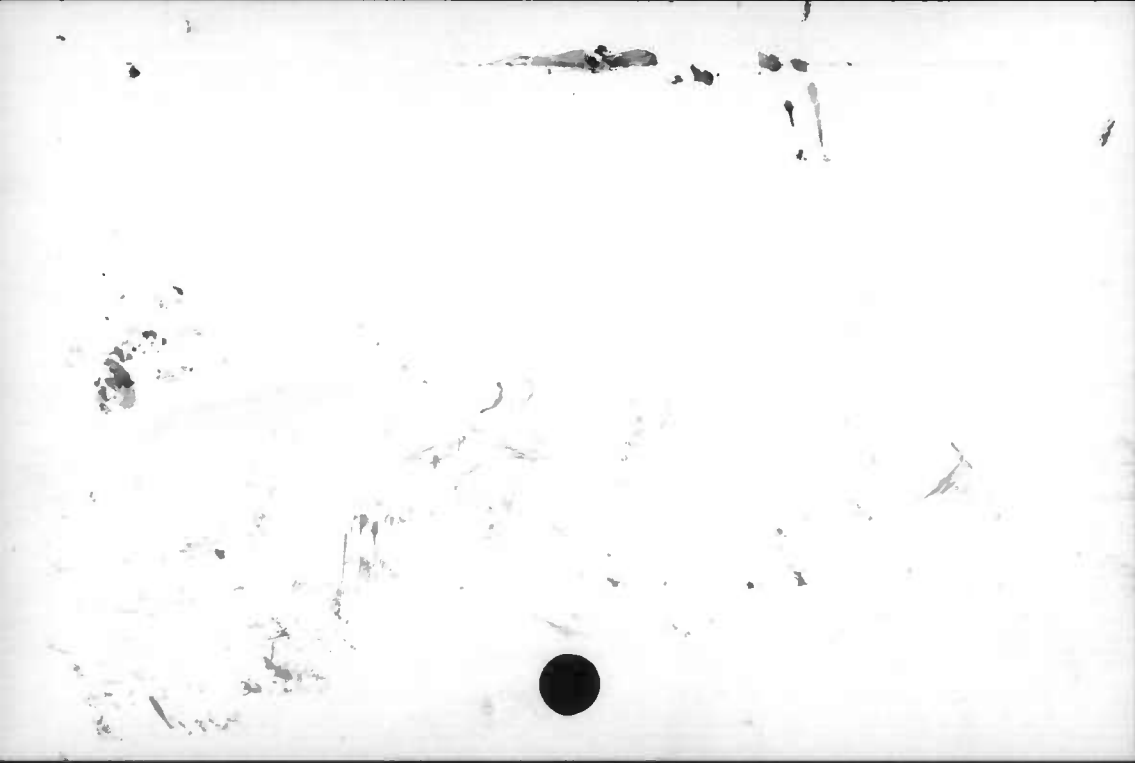
*104*

Primary *Acute Gastritis* How long *One week*

Immediate *Cardiac Failure* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. H. H. M.D.*  
*no* Address *St Michaels. Md*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

James Butler  
Town Easton County Talbot

MARYLAND

Died at

Date

of death

1909

Month

Dec

Day

31

Age

Years

about 75

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Not Known

Occupation

Laborer

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X

Father's  
Name

Not Known

Father's  
Birthplace

Not Known

Mother's  
Maiden Name

Not Known

Mother's  
Birthplace

Not Known

Name of person giving  
Information

E. R. Zippke

How related  
to deceased

Not related

## CAUSES OF DEATH

Primary

Droopy

How long

One year

Immediate

Exhaustion

How long

a few days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
PhysicianE. R. Zippke  
Easton

Address

Med

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Annie Maria Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death	Month <i>12</i>	Day <i>18</i>	Age <i>13</i>	Years <i>11</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Talbot Co Md.</i>		
Occupation <i>Schoolchild</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John A. Carr</i>		Father's Birthplace <i>Talbot Co.</i>			
Mother's Maiden Name <i>Mary H. Carter</i>		Mother's Birthplace <i>Talbot Co.</i>			
Name of person giving Information <i>John A Carr</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

27

Primary	<i>Tuberculosis</i>	How long <i>Over a year</i>
Immediate	<i>Tubercular meningitis</i>	How long <i>Don't know</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician <i>A. Dr. Dr. Dr.</i>
Address <i>Easton Md</i>		
Accident or Suicide <i>—</i>		

PHYSICIAN  
OR CORONER

Unionville



Name  
in  
Full

Henry Harman Cooper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Oxford* Town *Talbot* County **MARYLAND**

Date of death 190 *9* Month *12* Day *10* Age Years Months *10* Days *5*

Sex *male* Color or Race *Black* Birth-place *Oxford*

Occupation *Infant* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband *Hurritta Cooper*

Father's Name *Henry Harman Cooper* Father's Birthplace *Talbot Co.*

Mother's Maiden Name *Hurritta Price* Mother's Birthplace *Talbot Co.*

Name of person giving Information *Henry H. Cooper* How related to deceased *Father*

## CAUSES OF DEATH

Primary *hemorrhage of lungs* How long *14 days*

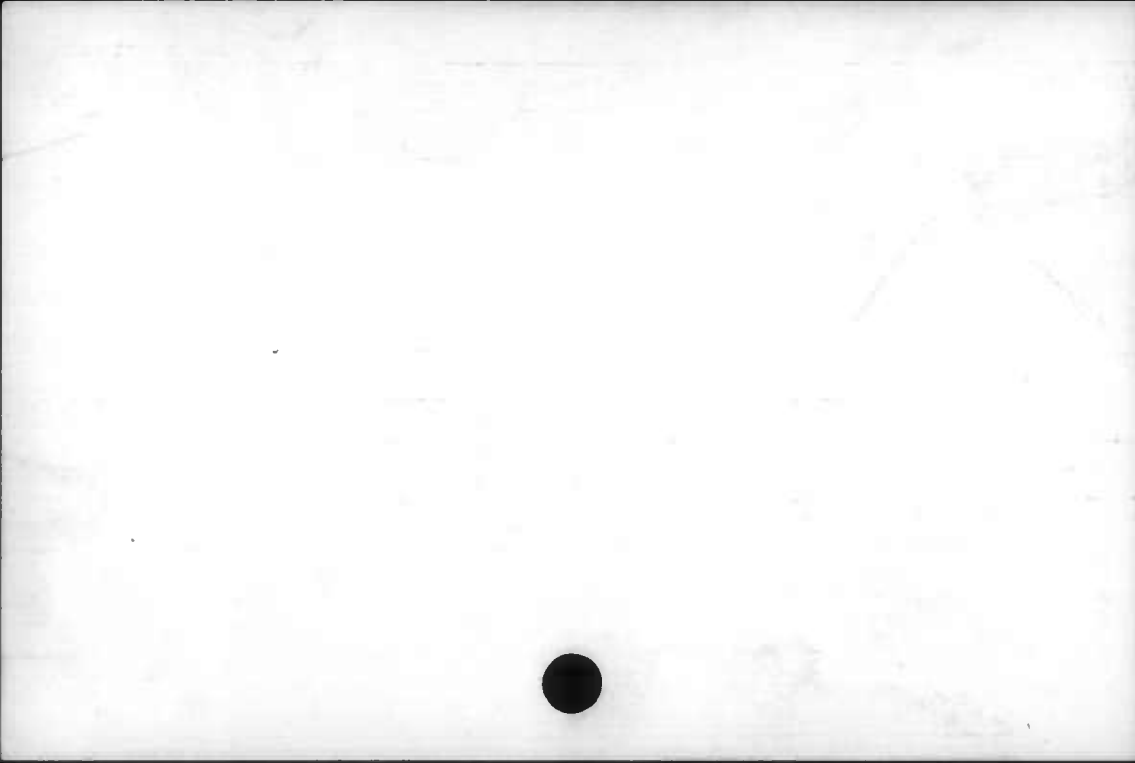
Immediate *Spasms* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. S. P. Roberts*

Address *Oxford Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Isaac Demby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Queen Anne</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909 Dec. 6</i>		Age <i>about 75 or 80 yrs</i>		Months <i>Days</i>	
Sex <i>male</i>	Color or Race <i>black</i>	Birth-place <i>Talbot Co. Md.</i>			
Occupation <i>Invalid &amp; Laborer</i>		Where Residing if not at place of death			
Married, <del>Single</del> or <u>Widowed</u> <i>married</i>	Name of Wife or Husband <i>Martha Jane Nicols</i>				
Father's Name <i>James Demby</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Jane Brown</i>	Mother's Birthplace <i>Md.</i>				
Name of parson giving Information <i>Martha Jane Demby</i>		How related to deceased <i>wife</i>			

## CAUSES OF DEATH

Primary <i>Acute Nephritis</i>	How long <i>Don't know</i>
Immediate <i>uracemia</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Pobley Hackett Md.</i>
	Address <i>Queen Anne Md.</i>
Accident or Suicide <i>no</i>	

PHYSICIAN  
OR CORONER

Mr Olga Smith

My subscription informs  
me that this card through  
some oversight of the  
underwriter has not  
been given until the latter  
part of September

E. R. Fiske

Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Manadeer</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		
		Date of death <i>1909 Dec</i> <small>Month</small>		<i>9</i> <small>Day</small>	<i>78</i> <small>Years</small>	<i>5</i> <small>Months</small>
		Sex <i>Female</i>		Color or Race <i>Black</i>	Birth-place <i>Talbot</i>	
		Occupation <i>Housework</i>		Where Residing if not at place of death <i>Home</i>		
		Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>James Dickerson</i>			
Father's Name <i>John Murry</i>		Father's Birthplace <i>Talbot Co</i>				
Mother's Maiden Name <i>Mary Smith</i>		Mother's Birthplace <i>Talbot Co</i>				
Name of person giving information <i>James Bailey</i>		How related to deceased <i>Son in law</i>				
		CAUSES OF DEATH		<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">64</div>		
PHYSICIAN OR CORONER		Primary <i>Mitral Regurgitation</i>		How long <i>Year +</i>		
		Immediate <i>Apoplexy</i>		How long <i>5 minutes</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James B. Merritt</i>		
				Address <i>Easton Md</i>		
		Accident or Suicide?				



Name  
in  
Full

Edward Hampton  
Town Boston County Talbot

CERTIFICATE OF DEATH

MARYLAND

Died at Boston

Date

of death

1909 12

Day

26

Age

Years

68

Months

7

Days

3

Sex

Male

Color or  
Race

White

Birth-  
place

Talbot Co

Occupation

War Veteran

Where Residing if not  
at place of death

Married, Single  
or Widowed

Divorced

Name of Wife or  
Husband

Jennie Hampton

Father's  
Name

J. T. Hampton

Father's  
Birthplace

Talbot Co

Mother's  
Maiden Name

Ella Sewell

Mother's  
Birthplace

Caroline Co

Name of person giving  
Information

G. P. Collins

How related  
to deceased

Cousin

CAUSES OF DEATH

Primary

Typhoid Fever

How long

10 days

Immediate

Heart Failure

How long

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address



W. B. Thacker  
Easton Md

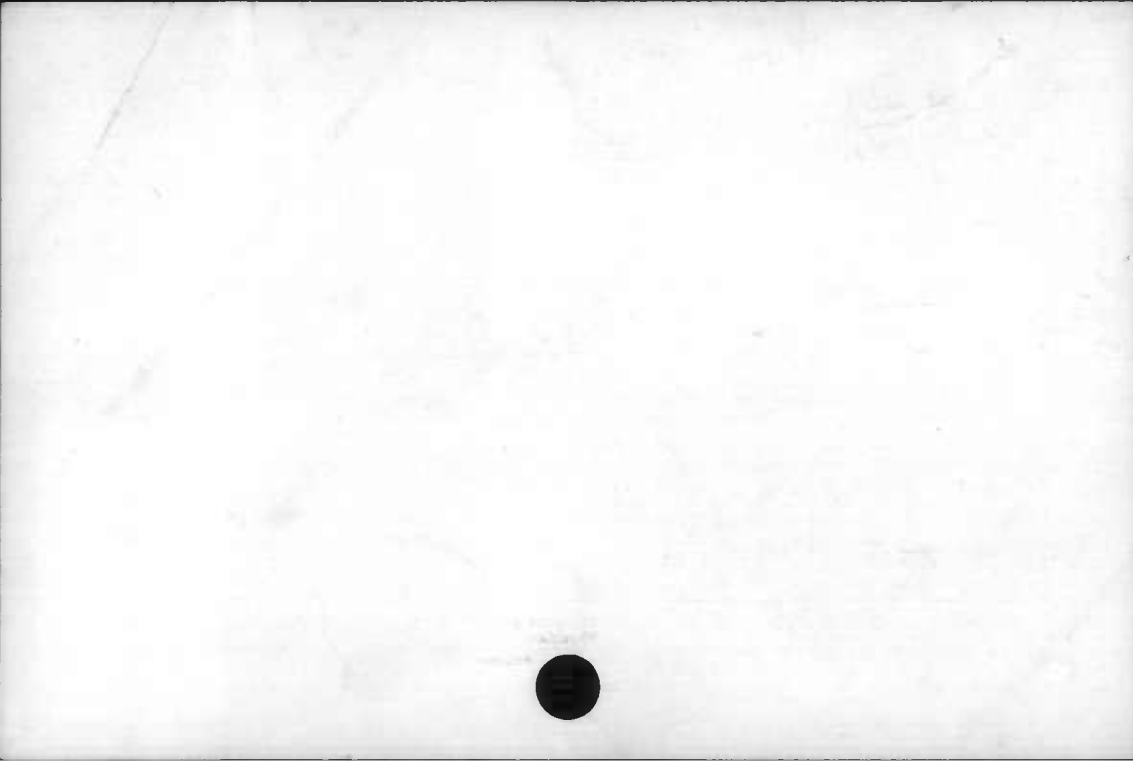
Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

2





Name  
in  
Full

Ralph Gibson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

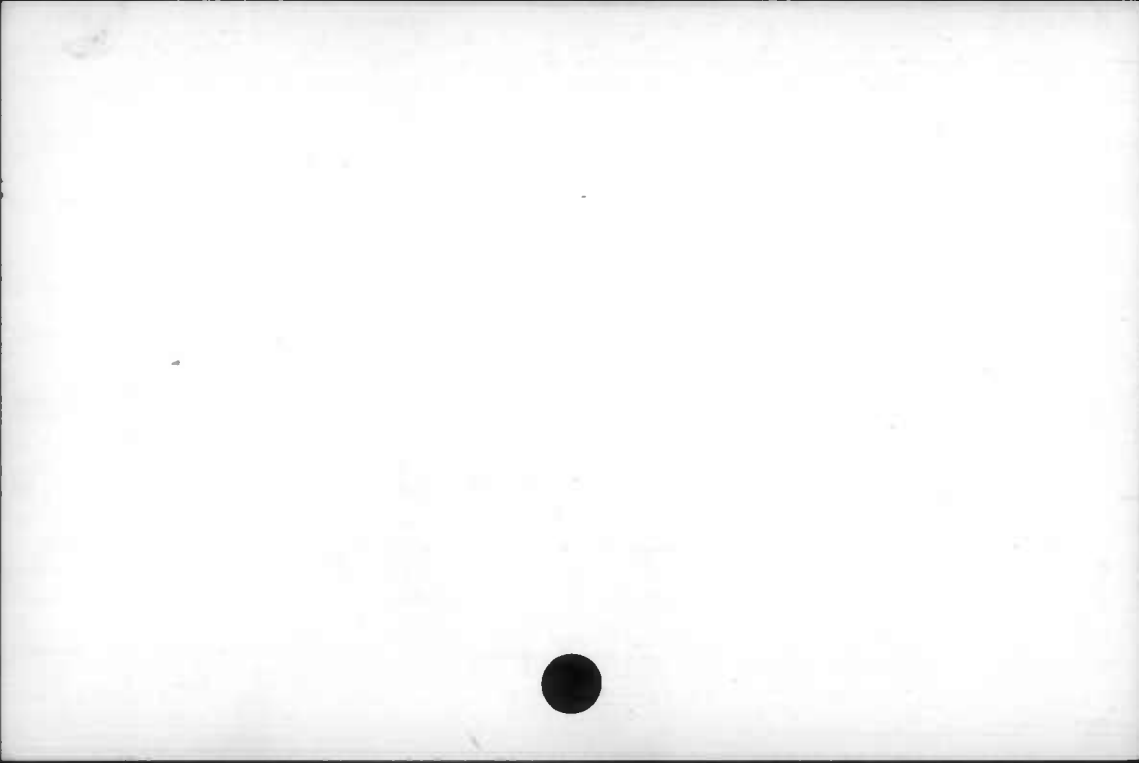
Diad at	Town Cordova	County Talbot	MARYLAND		
Date of death	Month Dec	Day 9	Age Y	Months X	Days 2
Sex	Male	Color or Race	Black	Birth- place	Cordova
Occupation	X	Where Residing if not et place of death		X	
Married, Single or Widowed	Single	Name of Wife or Huaband	X		
Fethar'a Nama	John Dawson			Fethar'a Birthplace	Talbot Co
Mothar'a Meiden Name	Hester Gibson			Mother's Birthplace	" "
Name of parson giving Information	Hester Gibson			How related to deceased	Mother

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primery	X	How long	X
Immediate	Premature Delivery	How long	2 days
Are the name, age, sex, color, date and piece correctly given above?	yes	Signature of Physician	Chas. H. Rose
		Address	Cordova, Md.
Accident or Suicide			



Name  
in  
Full

*Syra Lucretia Grace*

CERTIFICATE OF DEATH

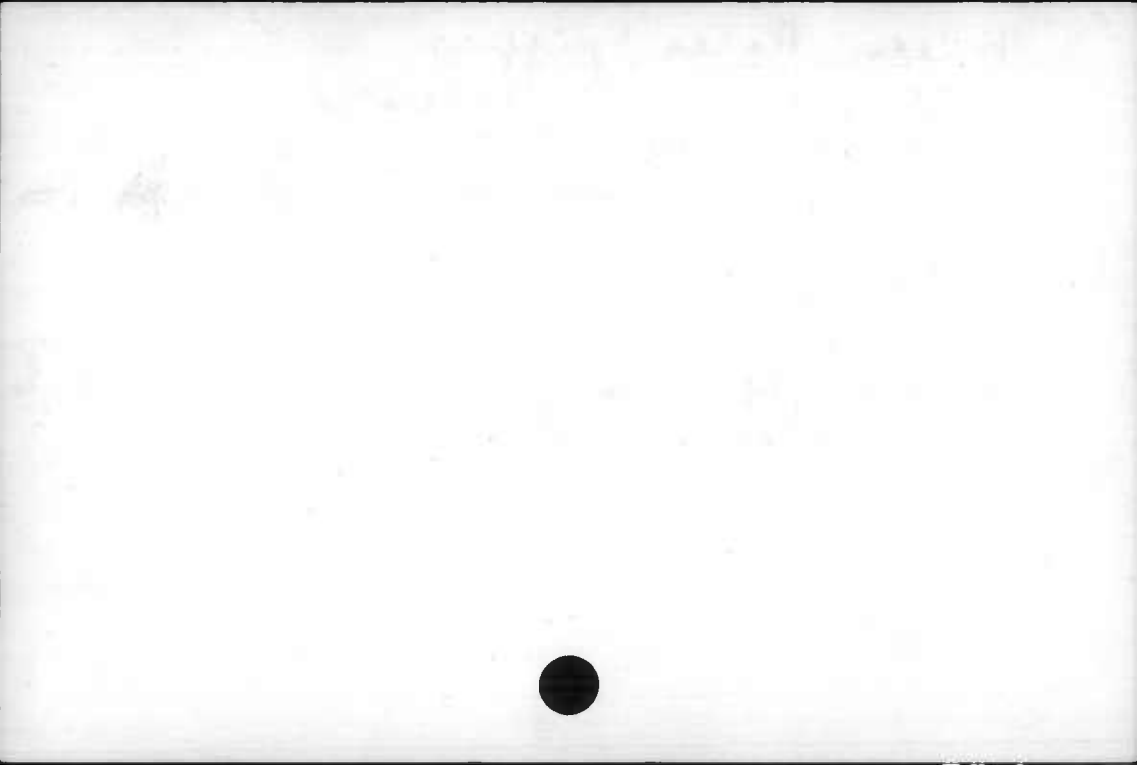
Died at <i>Bozman</i> Town		<i>Falbot</i> County		MARYLAND	
Date of death	190 <i>9</i> Dec	Day	<i>26</i>	Age	<i>72</i>
Month		Years		Months	Days
<i>11</i>		<i>15</i>			
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Falbot Co.</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Wm S Grace</i>		
Father's Name	<i>John Fairbank</i>		Father's Birthplace	<i>Falbot Co.</i>	
Mother's Maiden Name	<i>Nancy</i>		Mother's Birthplace	<i>Falbot Co.</i>	
Name of person giving information	<i>Arthur Grace</i>		How related to deceased	<i>Son</i>	

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary	<i>Aortic Stenosis &amp; Mitral regurgitation</i>	How long	<i>One year</i>
Immediate	<i>Cardiac Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm S Grace</i>
Yes		Address	<i>Dr. Michael</i>
Accident or Suicide			<i>Mid</i>

PHYSICIAN  
OR CORONER



Name  
in  
Full

Milton Riles Griffis

CERTIFICATE OF DEATH

Town

County

Died at Chapel

Fallst

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909 12

12

Age

3

5

6

Sex

Male

Color or  
Race

Colored

Birth-  
place

Phila. Pa.

Occupation

House child.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

\_\_\_\_\_

Father's  
Name

Wm. H. Griffis

Father's  
Birthplace

Cambridge.

Mother's  
Maiden Name

Mary H. Emory

Mother's  
Birthplace

Fallst Co.

Name of person giving  
Information

Wm. H. Griffis

How related  
to deceased

Father's

CAUSES OF DEATH

Primary

Acute Nephritis

How long

8 mos.

Immediate

Con valvular

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Chas. J. Anderson  
Easton

Address

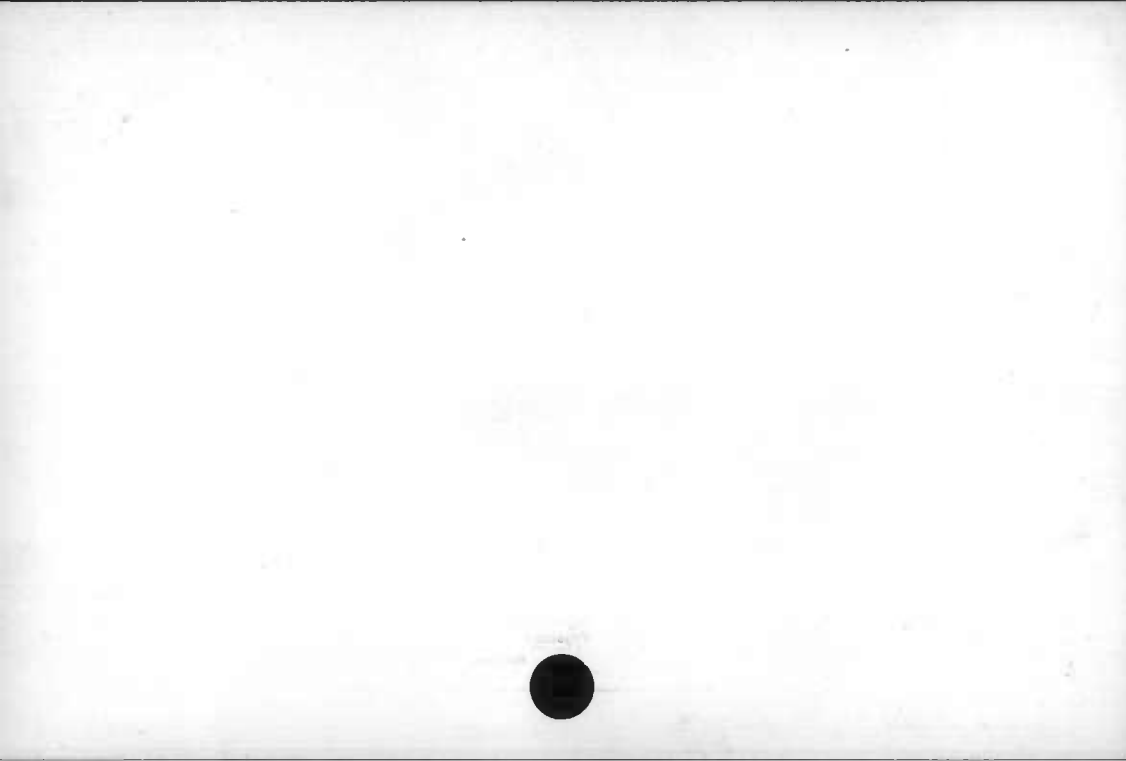
Accident or Suicide

OFFICE SUPPLY CO. 2364

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

2



Name  
in  
Full

League E Husband

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Easton		County Tass		MARYLAND	
Date of death	1909	Month Dec	Day 10	Age	67	Months X	Days X
Sex	Female		Color or Race	white		Birth- place	barobed
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Thomas Husband			
Father's Name	Walter Thomas				Father's Birthplace	barobed	
Mother's Maiden Name	Mary M Rumble				Mother's Birthplace	barobed	
Name of person giving Information	Thomas Husband				How related to deceased	Husband	

## CAUSES OF DEATH

44

PHYSICIAN  
OR CORONER

Primary	Lancet of Face		How long	5 years
Immediate	Paralysis		How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. B. Merritt	
		Address	Easton Md	
Accident or Suicide				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Margarette Hymson.

Died at		Town	County	MARYLAND		
Date	Month	Day	Age	Years	Months	Days
of death	1909	12	22			17
Sex	Female	Color or Race	Black	Birth-place	Nittman.	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single			Name of Wife or Husband		
Father's Name	Raymond Hymson			Father's Birthplace	Talbot Co.	
Mother's Maiden Name	Beulah Bailey.			Mother's Birthplace	Talbot. Co.	
Name of person giving Information	Raymond Hymson			How related to deceased	Father	

## CAUSES OF DEATH

Primary

Intestinal Indigestion

How long

105

2 days

Immediate

Spasms.

How long

6 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. M. Carmine M.D.

Address

McDaniel. Mt.  
Talbot. Co.

Accident or Suicide

PHYSICIAN  
OR CORNER



Name  
in  
FullNot Named - Jackson  
Town Easton County Talbot

## CERTIFICATE OF DEATH

MARYLAND

Died at near  
Date of death 1909 Dec 15 Age 0 Months 0 1/2 Hr.

Sex Male Color or Race Colored Birth-place near Easton Md

Occupation infant Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Chas. Jackson

Father's Birthplace Talbot Co. Md

Mother's Maiden Name Daisy Tilghman

Mother's Birthplace Talbot Co. Md.

Name of person giving Information James E. Tilghman Jr.

How related to deceased Uncle

## CAUSES OF DEATH

Primary Premature Birth

How long 151

Immediate Heart Failure

How long 1/2 Hr.

Are the name, age, sex, color, date and place correctly given above? yro.

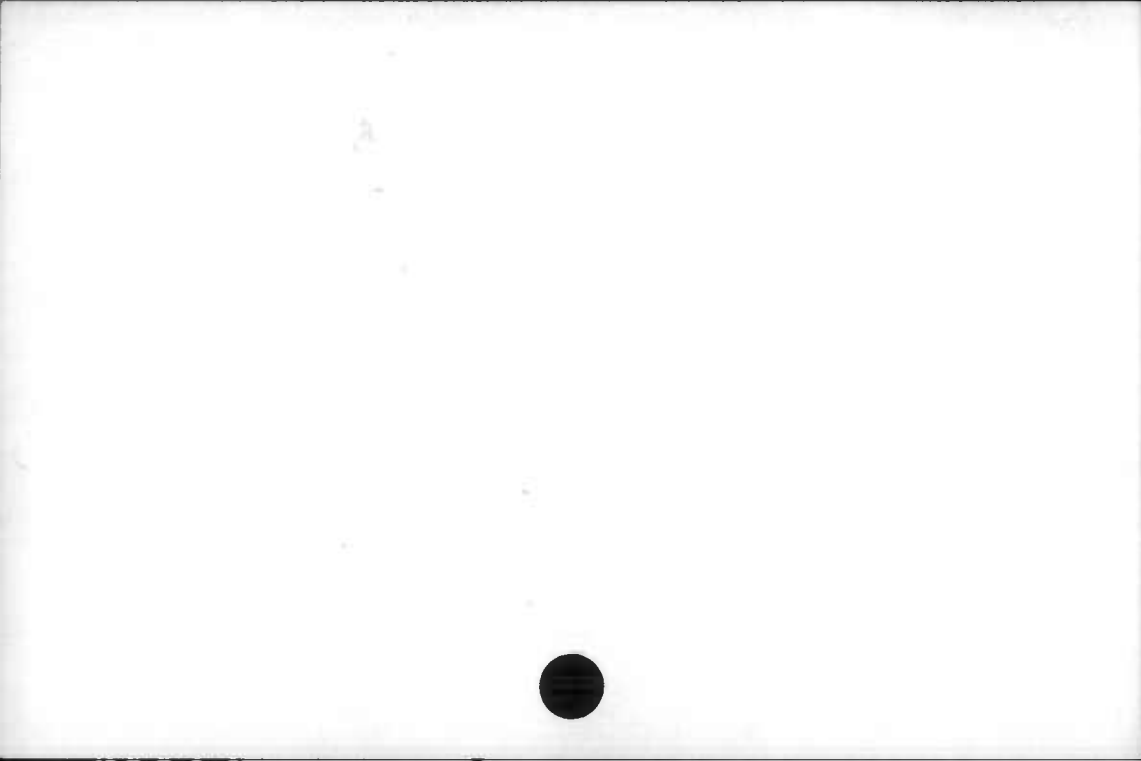
Signature of Physician

Address

Chas. F. Davidson  
Easton, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Susan Jackson

CERTIFICATE OF DEATH

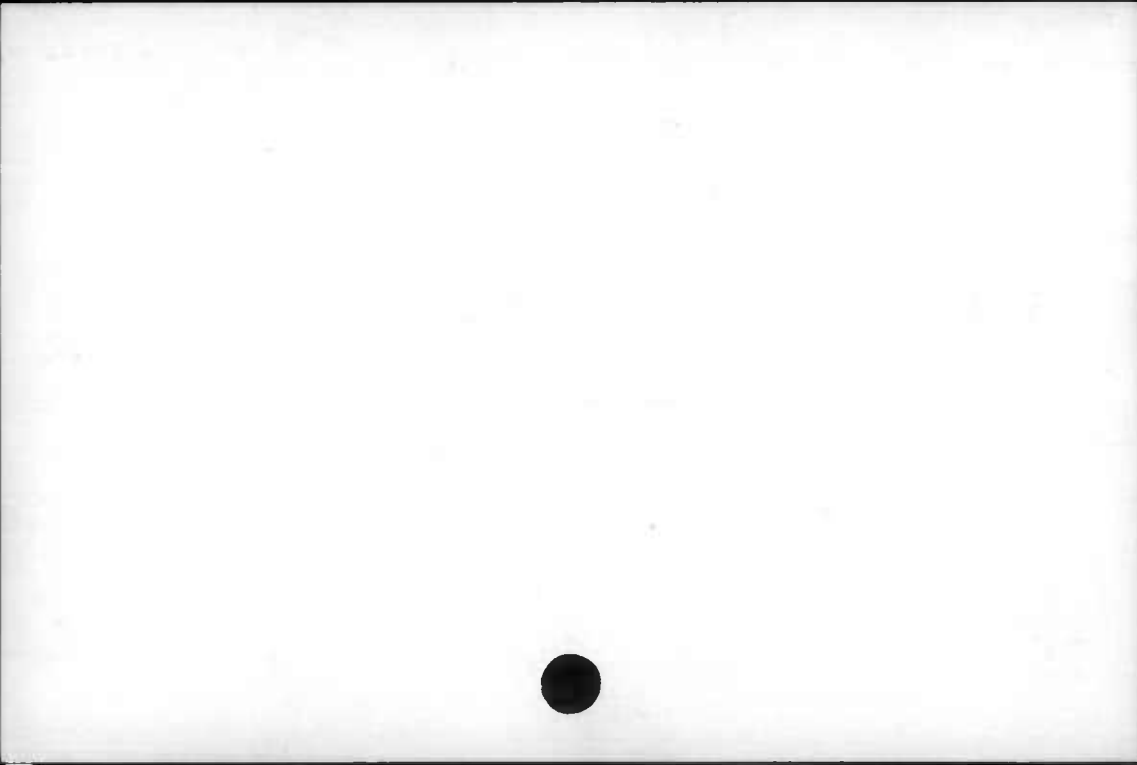
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Tappah</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u>	<u>Dec,</u> <small>Month</small>	<u>13</u> <small>Day</small>	Age <u>71</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Talbot Co,</u>		
Occupation <u>Inmate County House</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>unknown</u>			Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>unknown</u>			Mother's Birthplace <u>unknown</u>		
Name of person giving Information <u>John De Guuchy</u>			How related to deceased <u>Supt</u>		

CAUSES OF DEATH

Primary	<u>Dementia, - Epileptic</u>	How long	<u>many years</u>
Immediate	<u>Exhaustion with Coma</u>	How long	<u>several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm S. Seymour</u>	
		Address <u>Tappah, Md,</u>	
Accident or Suicide <u>no</u>			

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Name *John Henry Johnson* Town *Trappe* County *Falbot* MARYLAND  
Died *yes*  
Date of death 1909 Month *12* Day *22* Age *80* Years Months Days  
Sex *Male* Color or Race *White* Birthplace *Caroline Co Md*  
Occupation *Unbr Laborer* Where Residing if not at place of death *Lewistown Md*  
Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
Father's Name *Reynolds Johnson* Father's Birthplace *Caroline Co Md*  
Mother's Maiden Name *Mary C. Carroll* Mother's Birthplace " " "  
Name of person giving Information *Geo H. Johnson* How related to Deceased *Brother*

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary *Arterio-Sclerosis & Chronic Bronchitis* How long *6 years*  
Immediate *Exhaustion* How long \_\_\_\_\_  
Are the name, age, sex, color, date and place correctly given above? *Yes*  
Signature of Physician *Joseph A. Brown MD* Address *Trappe Md*  
*Accident or Suicide*

PHYSICIAN  
OR CORONER





Name in Full *Robt Hb Lump*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

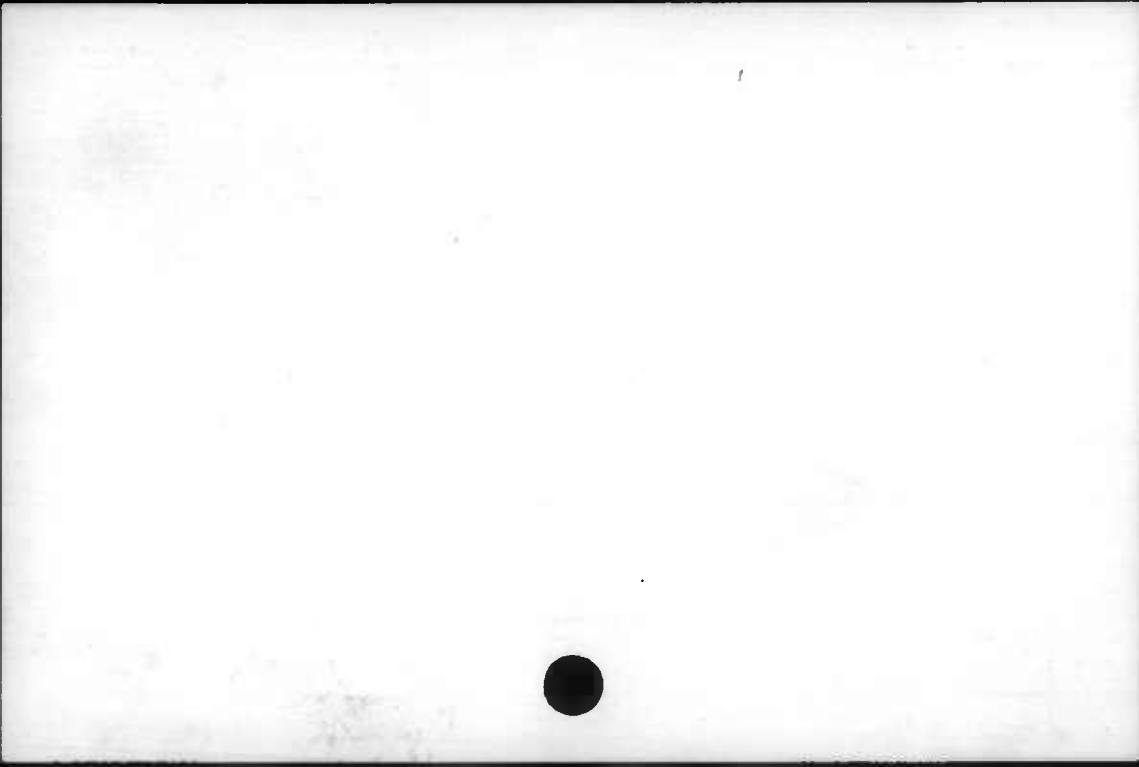
Died at <i>Easton</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	1909	Month	Dec	Day	10
Age	<i>88</i>		Years	Months	<i>4</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Lun Amabel</i>	
Married, Single or Widowed <i>Widowed</i>			Where Residing if not at place of death <i>X</i>		
Name of Wife or Husband			<i>X</i>		
Father's Name	<i>do not know</i>			Father's Birthplace	<i>Not Known</i>
Mother's Maiden Name	<i>do not know</i>			Mother's Birthplace	<i>Not Known</i>
Name of person giving Information	<i>Mildred T Lump</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Infirmities of 88 yrs</i>	How long	<i>8 to 10 yrs</i>
Immediate	<i>Heart Failure</i>	How long	<i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. J. Dandow</i>	
		Address <i>Easton, Md.</i>	
Accident or Suicide			

154



Name  
in  
FullJulia Lockerman  
Easton

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Talbot County

Date

of death

1909

Month

Dec

Day

16th

Age

Years

54

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Talbot County

Occupation

Housewife

Where Residing if not  
at place of death

Easton Md

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Thomas Lockerman

Father's  
Name

Frank Adams

Father's  
Birthplace

U.S

Mother's  
Maiden Name

Marriat Wilson

Mother's  
Birthplace

Talbot Co

Name of person giving  
Information

Thos Lockerman

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

2 hrs

Immediate

Secondary Cerebral Hemorrhage

How long

24 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Chas F Davidson

Address

Easton Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Susan M. Corkle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Trappe</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i> <sup>Month</sup> <i>Dec.</i> <sup>Day</sup> <i>12</i>		Age <i>79</i> <sup>Years</sup>		<sup>Months</sup> <i>✓</i> <sup>Days</sup> <i>✓</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Talbot Co.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Robert M. Corkle</i>			
Father's Name <i>Salomon Slaughter</i>		Father's Birthplace <i>Talbot, Co., Md.</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving Information <i>Clarence B. Rice</i>		How related to deceased <i>Son in law</i>			

## CAUSES OF DEATH

Primary *Chronic Interstitial Nephritis* 120 *✓*  
 How long *Several years*

Immediate *Exhaustion*  
 How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

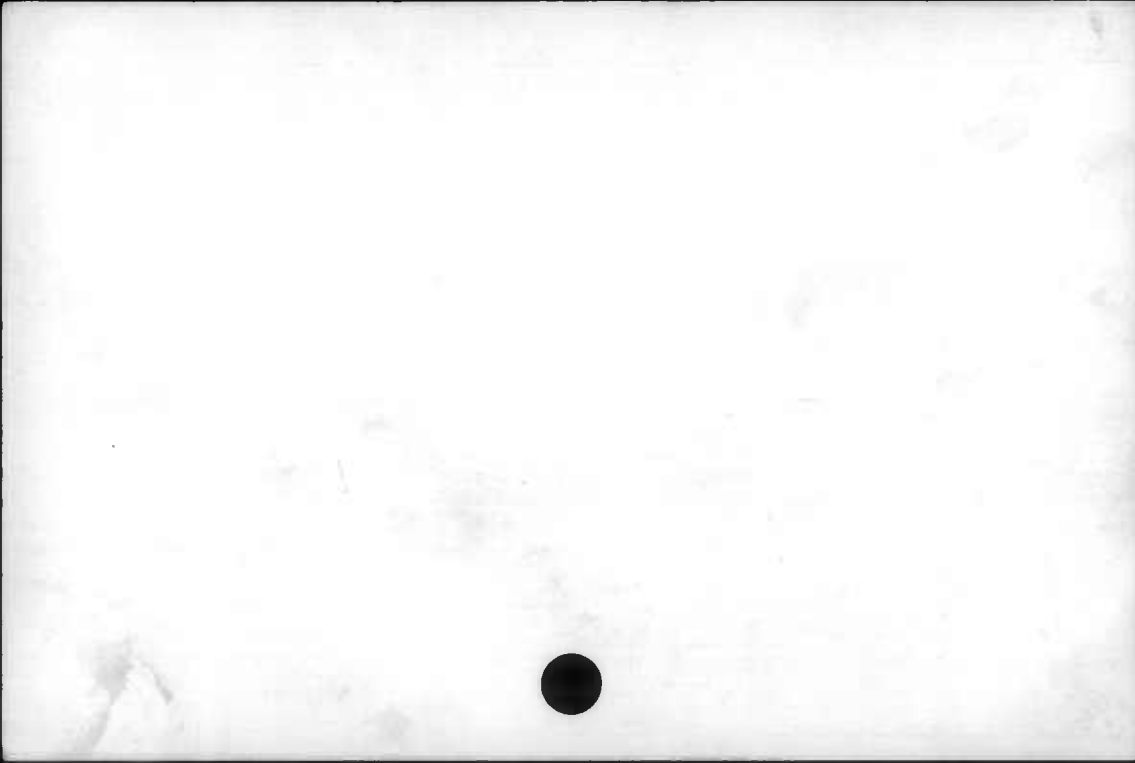
*William S. Seymour*

Address

*Trappe, Md.*

Accident or Suicide

*no*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

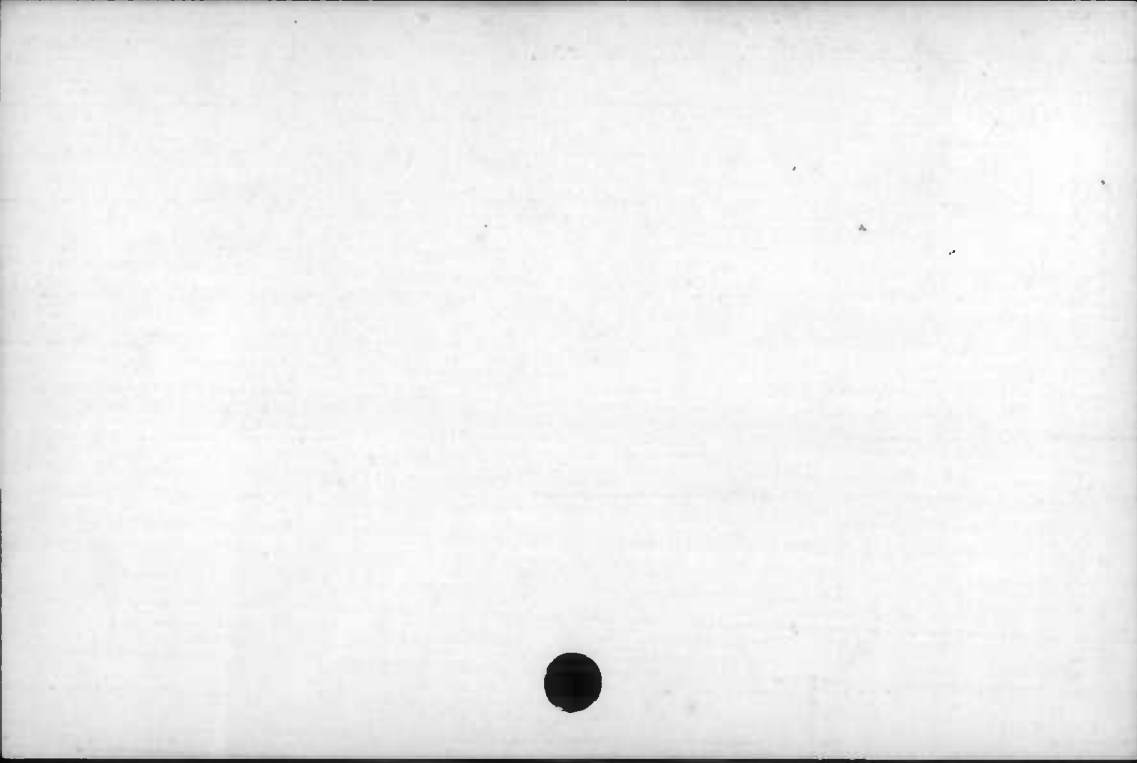
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Newtown</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>12</i>	Day <i>3</i>	Age <i>25</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death <i>Newtown</i>		
<del>Married Single</del> Widowed		Name of Wife or Husband <i>Emulo W. C. Quay</i>			
Father's Name <i>Benj. Clayton</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>John Johnson</i>			How related to deceased <i>Brother in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Heart failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Staeb M.D.</i>
	Address <i>Wye Mills Ind</i>
Accident or Suicide?	





Name  
in  
Full

George H. Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Towp Trappe		County Talbot		MARYLAND	
Date of death		Month 1909 Dec	Day 22	Age ✓	Months 1	Days 20	
Sex	Male		Color or Race	white		Birth-place	Talbot Co,
Occupation	Infant		Where Residing if not at place of death		✓		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	John E. Moore				Father's Birthplace	Talbot Co. Md	
Mother's Maiden Name	Kate G. Fairbanks				Mother's Birthplace	Talbot Co.	
Name of person giving Information	John G Moore				How related to deceased	Father	

## CAUSES OF DEATH

Primary	Acute Nephritis	How long	119 2 days
Immediate	Coma	How long	Several hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. S. Seymour  
Trappe, Md,

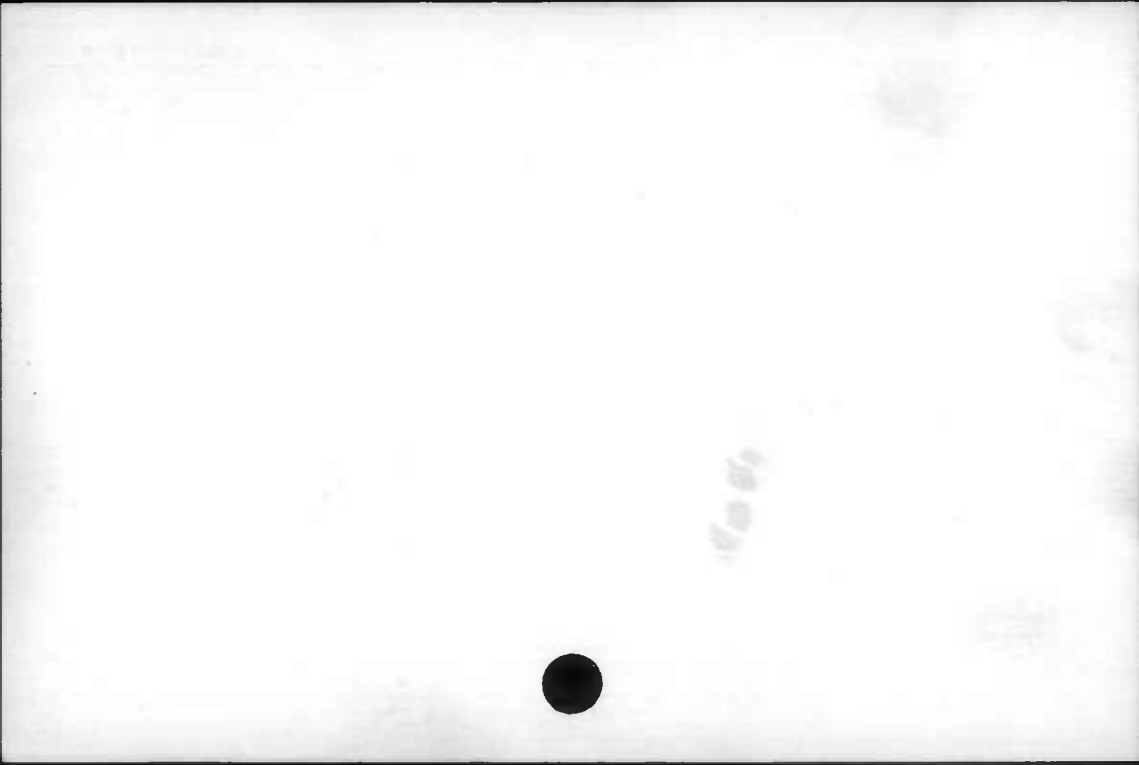
Address

Accident or Suicide

no,

PHYSICIAN  
OR CORONER

Q



Name  
in  
Full

John M. Mulliken

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

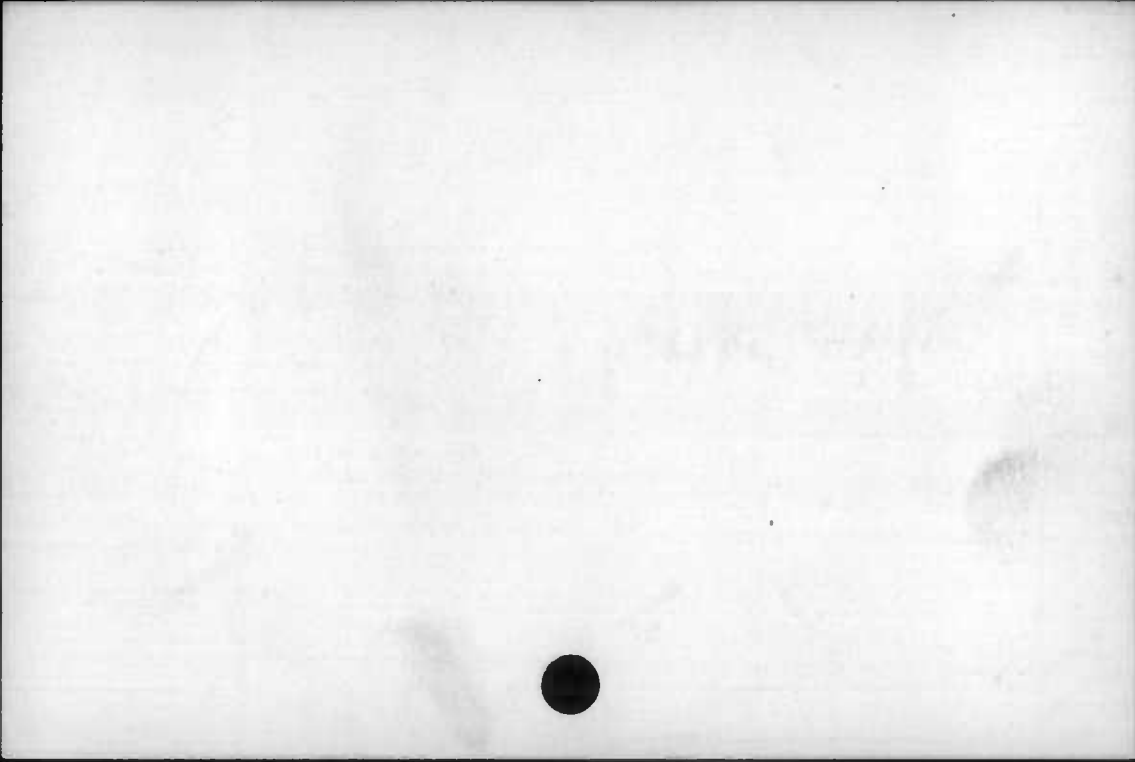
Died at <u>Canton</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	<u>1909</u>	Month <u>Dec</u>	Day <u>19</u>	Age <u>45</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>B. A. Co., Md.</u>		
Occupation <u>house</u>	Where Residing if not at place of death <u>+</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Walter L. Mulliken</u>				
Father's Name <u>E. J. Lorraine</u>	Father's Birthplace <u>B. A. Co.</u>				
Mother's Maiden Name <u>Lizzie Boston</u>	Mother's Birthplace <u>B. A. Co.</u>				
Name of person giving information <u>W. L. Mulliken</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <u>Cancer (Melano Sarcoma) of Liver</u>	How long <u>6 mos</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. R. Merritts</u>
	Address <u>Canton Md</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Pennington  
 Died at Near Eudora Town Talbot County  
 Date of death 1909 Month Dec Day 8 Age 57 Years Months 6 Days —  
 Sex Male Color or Race Colored Birth-place Talbot Co.  
 Occupation Farm Hand Where Residing if not at place of death Near Eudora  
 Married, Single or Widowed Single Name of Wife or Husband Mary Pennington  
 Father's Name Perry Pennington Father's Birthplace Talbot Co.  
 Mother's Maiden Name Callie Pennington Mother's Birthplace Talbot Co.  
 Name of person giving Information Quetta Poller How related to deceased Sister

## CAUSES OF DEATH

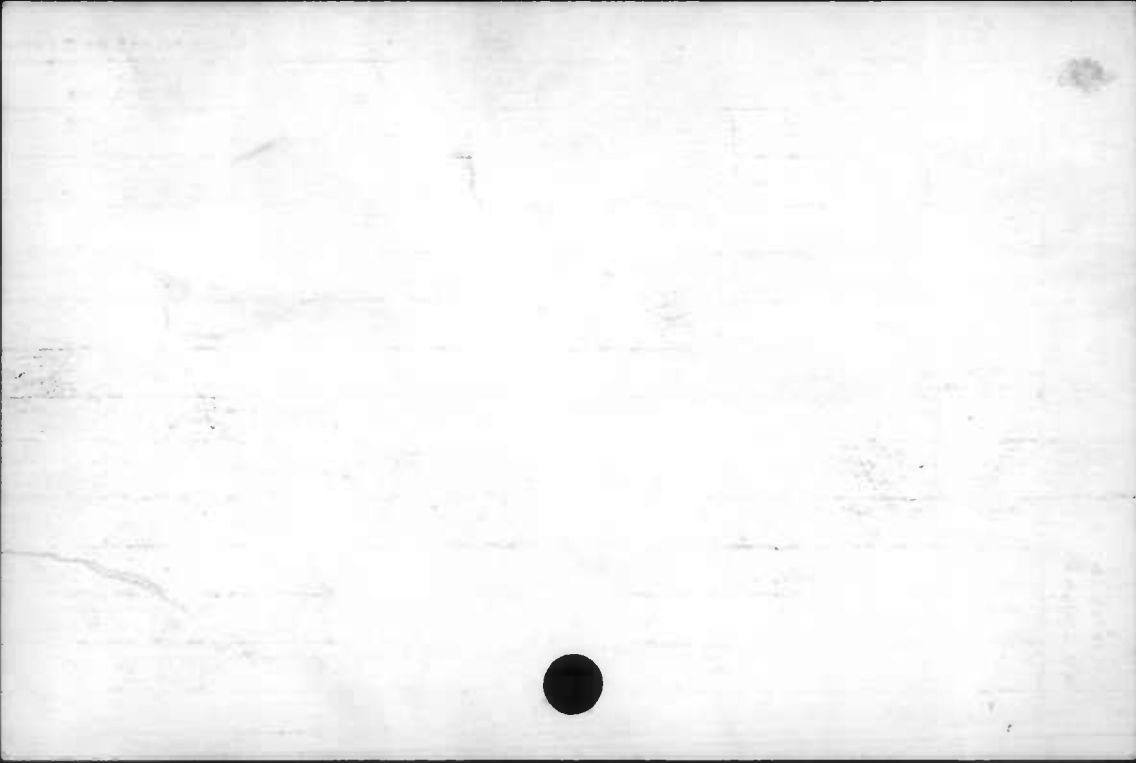
Primary Pneumonia How long 3 days  
 Immediate Exhaustion How long few hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name Charles E. Perry County Talbot MARYLAND

Died at St Michael's

Date of death 1909 Dec 21 Age 10 Months 4 Days 20

Sex Male Color or Race Colored Birthplace Talbot Co.

Occupation Child Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Chas. Perry Father's Birthplace Talbot Co.

Mother's Maiden Name Hennie Mills Mother's Birthplace Talbot Co.

Name of person giving Information Hennie Mills How related to deceased Mother

CAUSES OF DEATH

61

Primary Meningitis How long 3 wks

Immediate Heart Failure How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. B. Sutt Address St Michael's, Md

Accident or Suicide No

PHYSICIAN  
OR CORONER





Name  
in  
Full

Lawrence Piper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Cordova <sup>County</sup> Talbot MARYLAND

Date of death 190 9 12 11 Age — 15 6 Months Days

Sex Male Color or Race White Birth-place Cordova

Occupation House child Where Residing if not at place of death —

Marrled, Single or Widowed Single Name of Wife or Husband —

Father's Name David Piper Father's Birthplace Scotland

Mother's Maiden Name Henrietta Jones Mother's Birthplace Talbot.

Name of person giving Information David Piper How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Toxicemia 3 weeks

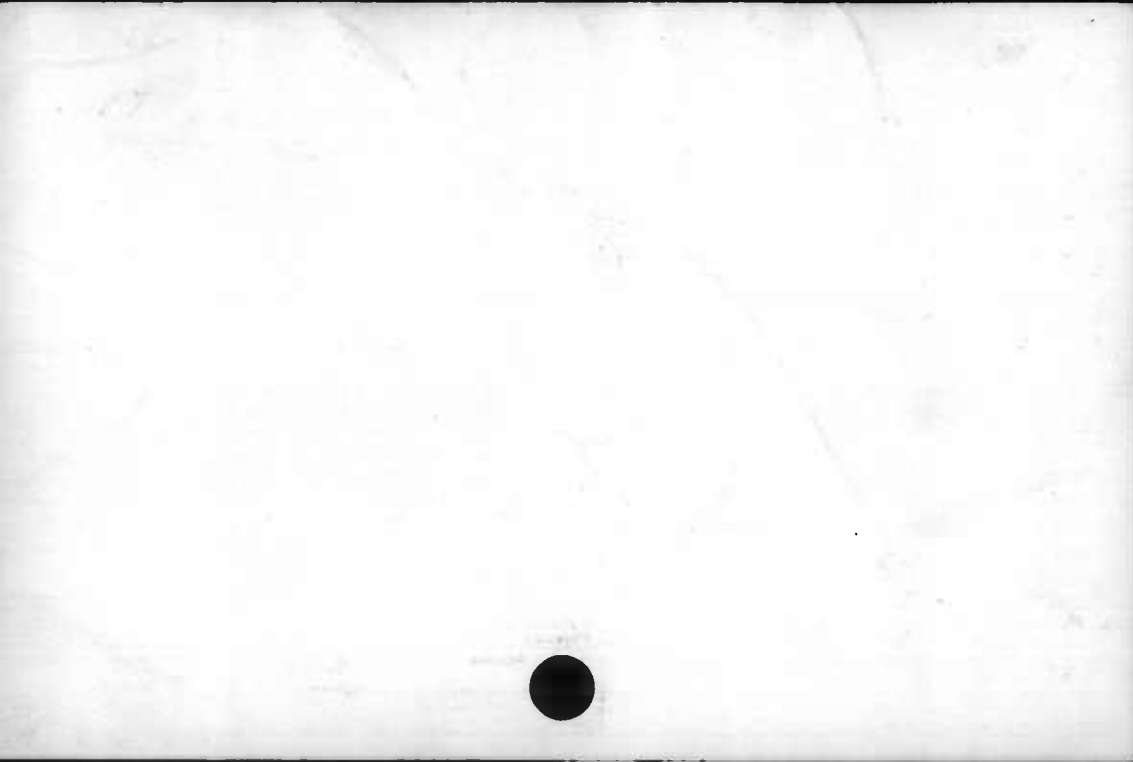
Immediate Acute Nephritis one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician P. L. Trovory

Address [Redacted] E. L. Trovory, M.D.

Accident or Suicide



Name  
in  
Full

*Alice Purnell*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Canton</i>		County <i>Taun</i>		MARYLAND	
Date of death	Month <i>Dec</i>	Day <i>8</i>	Years <i>54</i>	Months <i>7</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birthplace <i>Leu Anna Lee</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Purnell</i>				
Father's Name <i>John A. Johnson</i>	Father's Birthplace <i>Leu Anna Lee</i>				
Mother's Maiden Name <i>Agnes Brown</i>	Mother's Birthplace <i>X</i>				
Name of person giving Information <i>Samuel Purnell</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

**43**

PHYSICIAN  
OR CORONER

Primary <i>Cancer Left breast</i>	How long <i>2 years</i>
Immediate <i>Anaesthesia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>P. L. Brown</i>
	Address <i>Canton, Miss.</i>
Accident or Suicide	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

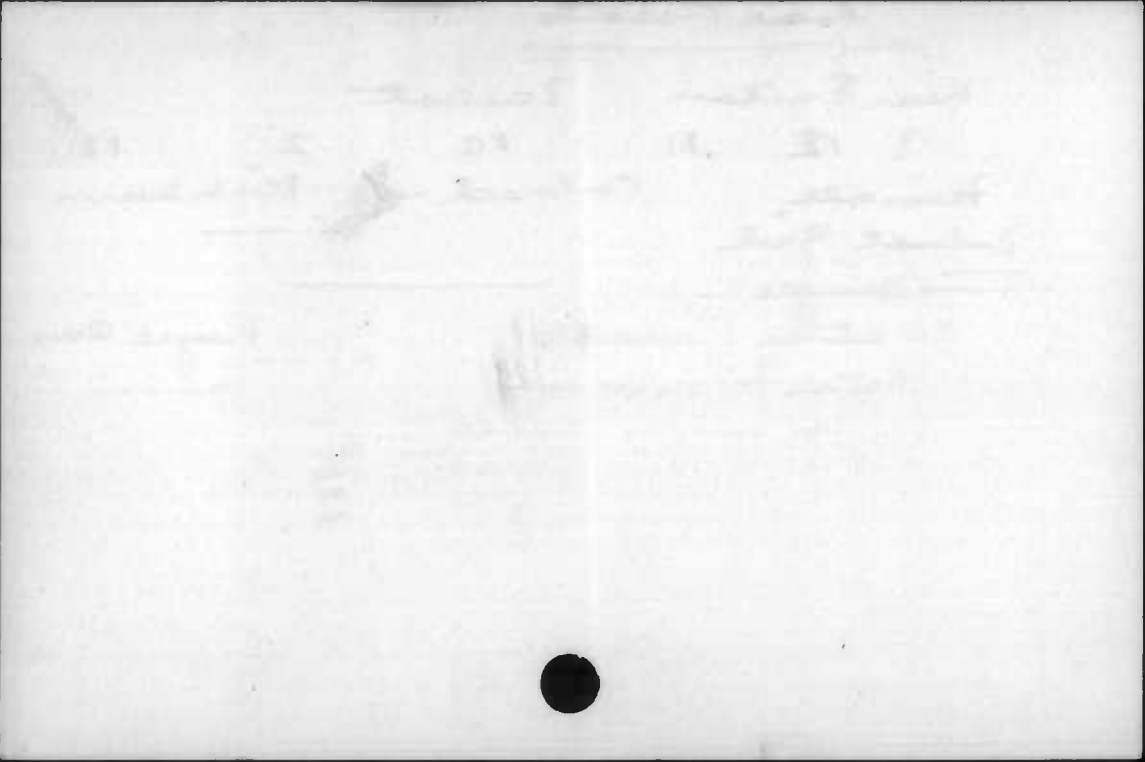
## CERTIFICATE OF DEATH

Name <i>Mama M. Pyne</i>		Town <i>Offord</i>		County <i>Talbot</i>		MARYLAND	
Died at		Month <i>Dec</i>		Day <i>2</i>		Years <i>23</i>	
Date of death <i>1909</i>		Month <i>Dec</i>		Day <i>2</i>		Months <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Offord</i>		Days <i>9</i>	
Occupation <i>House cook</i>		Where Residing if not at place of death					
Married, <del>Single</del> <del>or Widowed</del>		Name of <del>Wife or</del> Husband <i>Robert Melvin Pyne</i>					
Father's Name <i>Edw. Edward Dobson</i>		Father's Birthplace <i>St Michaels Talbot Co Md</i>					
Mother's Maiden Name <i>Annie Clark</i>		Mother's Birthplace <i>Dorchester Md</i>					
Name of person giving information <i>Anna V. Smith</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

120

Primary	<i>Uraemic Poison</i>	How long	<i>6 months</i>
Immediate	<i>Uraemic Convulsions</i>	How long	<i>15 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Eccles</i>	
		Address <i>Offord. Md.</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mar Eastern</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	190 <u>9</u> Month <u>12</u> Day <u>11</u>	Age	<u>10</u> Years	Months <u>2</u>	Days <u>11</u>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Kirkham</u>
Occupation	<u>School girl</u>		Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>_____</u>			
Father's Name	<u>Walter Roberts</u>			Father's Birthplace	<u>Royal Oak.</u>
Mother's Maiden Name	<u>Kate Howard</u>			Mother's Birthplace	<u>Talbot Co.</u>
Name of person giving Information	<u>Walter Roberts</u>			How related to deceased	<u>Father</u>

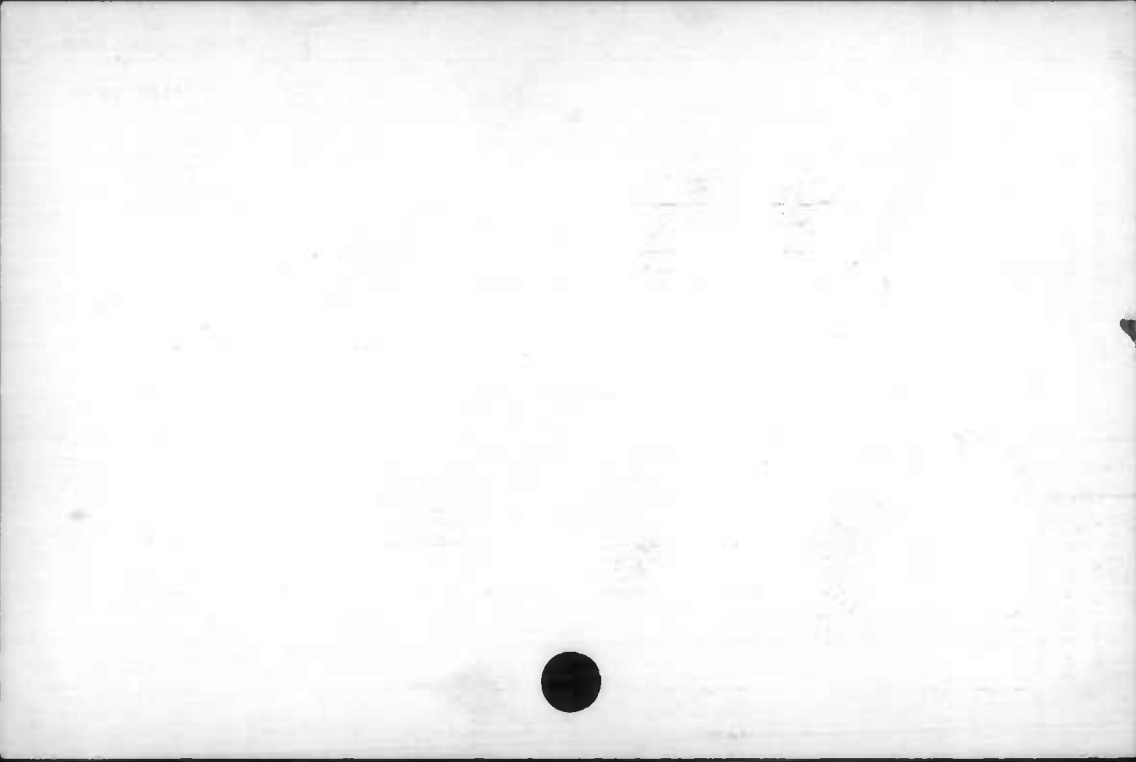
## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>10 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Chas. F. Darden</u>
		Address	<u>Eastern</u>
			<u>MD</u>

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

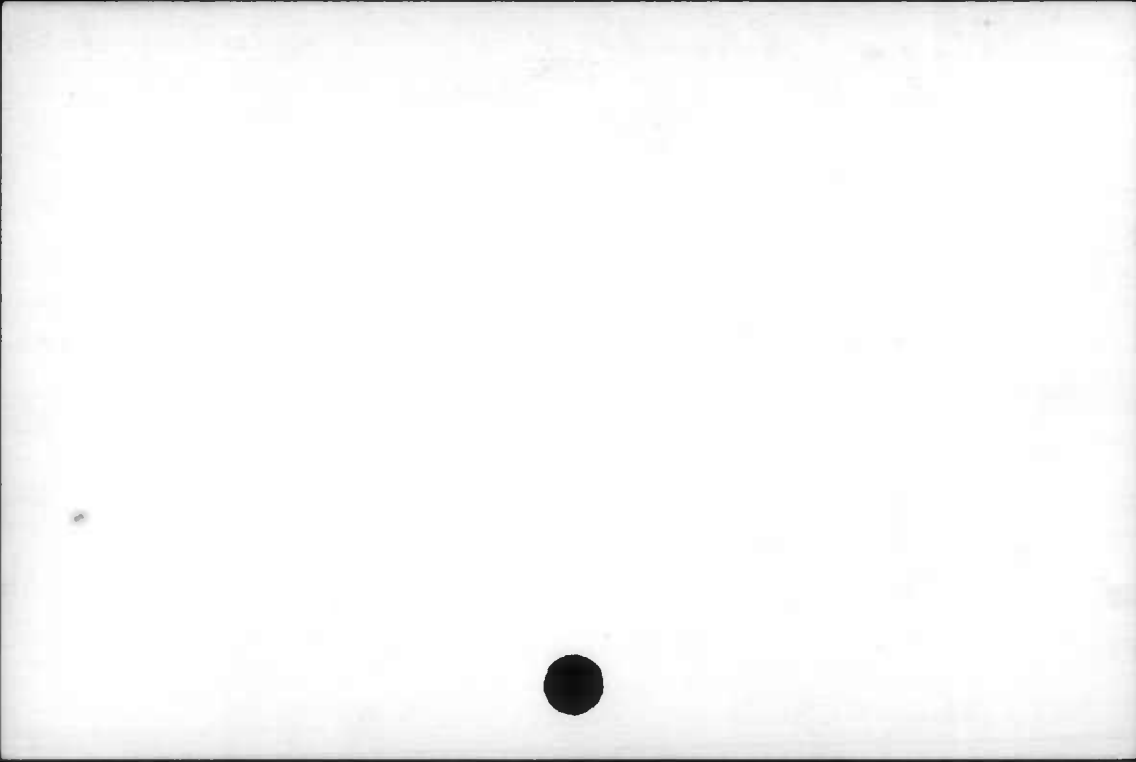
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec	23	55	about		
Sex		Color or Race		Birth-place			
Male		White		Unknown			
Occupation				Where Residing if not at place of death			
Optics dresser				Unknown			
Married, Single or Widowed		Name of Wife or Husband					
Unknown		Unknown					
Father's Name				Father's Birthplace			
Unknown				Unknown			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Unknown			
Name of person giving Information				How related to deceased			
Inquest held				56 ✓			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intrication & exposure	How long	12 hours
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		D. Krueger M.D.	
		Address	
		Tilghman	
		Ind	
Accident or Suicide			



Name  
in  
Full

Rosa Shockley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Easton <sup>Town</sup> Salbot <sup>County</sup> MARYLAND

Date of death 1909 Dec. <sup>Month</sup> 24 <sup>Day</sup> Age 48 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>

Sex Female Color or Race Colored Birth-place Delaware

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Purnel Shockley

Father's Name Levin Collins Father's Birthplace Delaware

Mother's Maiden Name Rosa Levere Mother's Birthplace Delaware

Name of person giving Information Purnel Shockley How related to deceased Husband

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

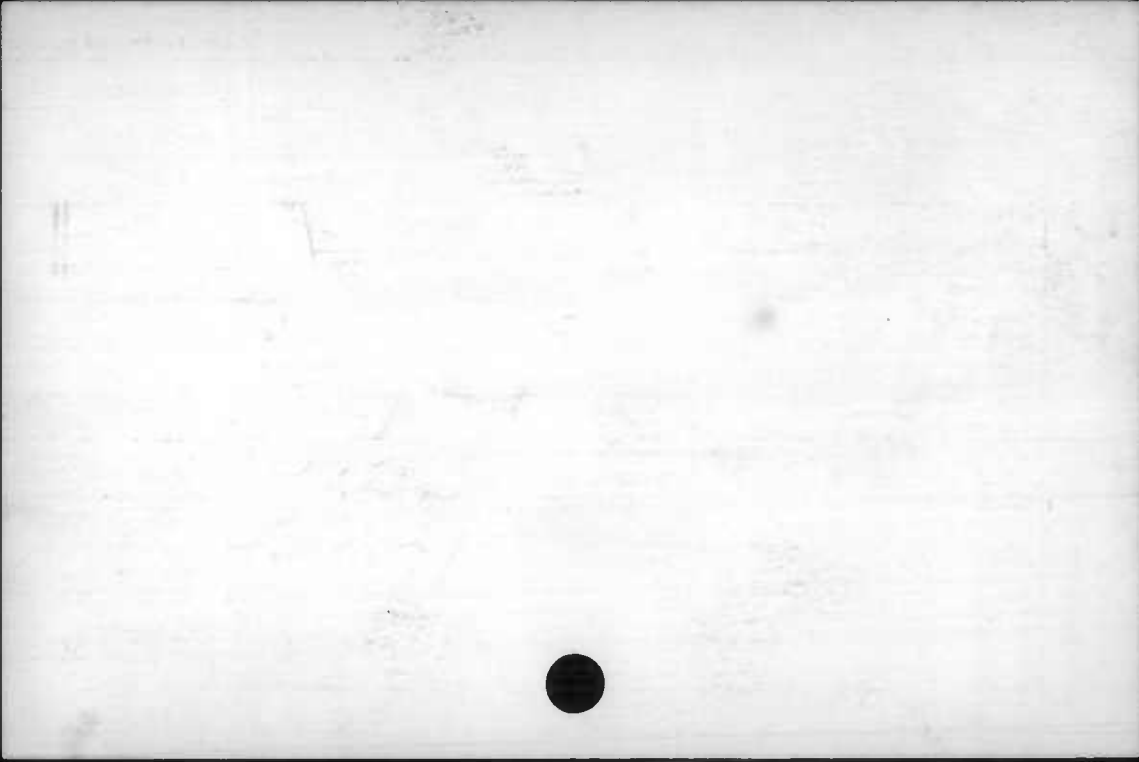
Primary Asthma How long Three years

Immediate Pulmonary apoplexy How long Two hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. H. Stevens

Address Easton

Accident or Suicide no Med.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jarah Ellen Simms*

Town *Hittman* County *Talbot*

Died at *Hittman* *Talbot* MARYLAND

Date of death 1909 Dec 11 Age 66 Months 2 Days 22

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single *married* Name of ~~Wife~~ Husband *John B. Simms*

Father's Name *John Harrison* Father's Birthplace *Maryland*

Mother's Maiden Name *Ellen Harrison* Mother's Birthplace *Maryland*

Name of person giving Information *John B. Simms* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Tuberculosis* How long *About 2 yrs*

Immediate *Exhaustion* How long *48 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. Leanne M.D.* Address *McDaniel Mt. Talbot Co.*

Accident or Suicide *\_\_\_\_\_*



Name  
in  
Full

## CERTIFICATE OF DEATH

Baby Spencer

MARYLAND

Died at

St Michael

County Talbot

Date

of death 1909

Month

Dec

Day

12<sup>th</sup>

Age

Years

—

Months

1

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Talbot Co.

Occupation

Infant

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Richard Mitchell

Father's  
Birthplace

Talbot Co.

Mother's  
Maiden Name

Matilda May Spencer

Mother's  
Birthplace

Talbot Co.

Name of person giving  
Information

Matilda May Spencer

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Inanition - General asthenia

How long

2 weeks

Immediate

Respiratory failure

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. Stotoper M.D.  
St Michael,  
Md.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Hannah Catherine Tennant

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Mc Daniel <sup>County</sup> Talbot MARYLAND

Date of death 190 9 Month 12 Day 23 Age 49 Years Months Days

Sex Female Color or Race White Birthplace Talbot Co.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Husband Edward Tennant

Father's Name John Shea Father's Birthplace Ireland

Mother's Maiden Name Mary Greer Mother's Birthplace Balto. Md.

Name of person giving Information Samuel H. Tennant How related to deceased Bro - in-law.

## CAUSES OF DEATH

Primary Arterio Sclerosis How long 4 yrs.

Immediate Apoplexy How long nt hrs.

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician H. M. Carmine M.D.

Address Mc Daniel Mt. Talbot Co.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER



Name  
in  
Full

## CERTIFICATE OF DEATH

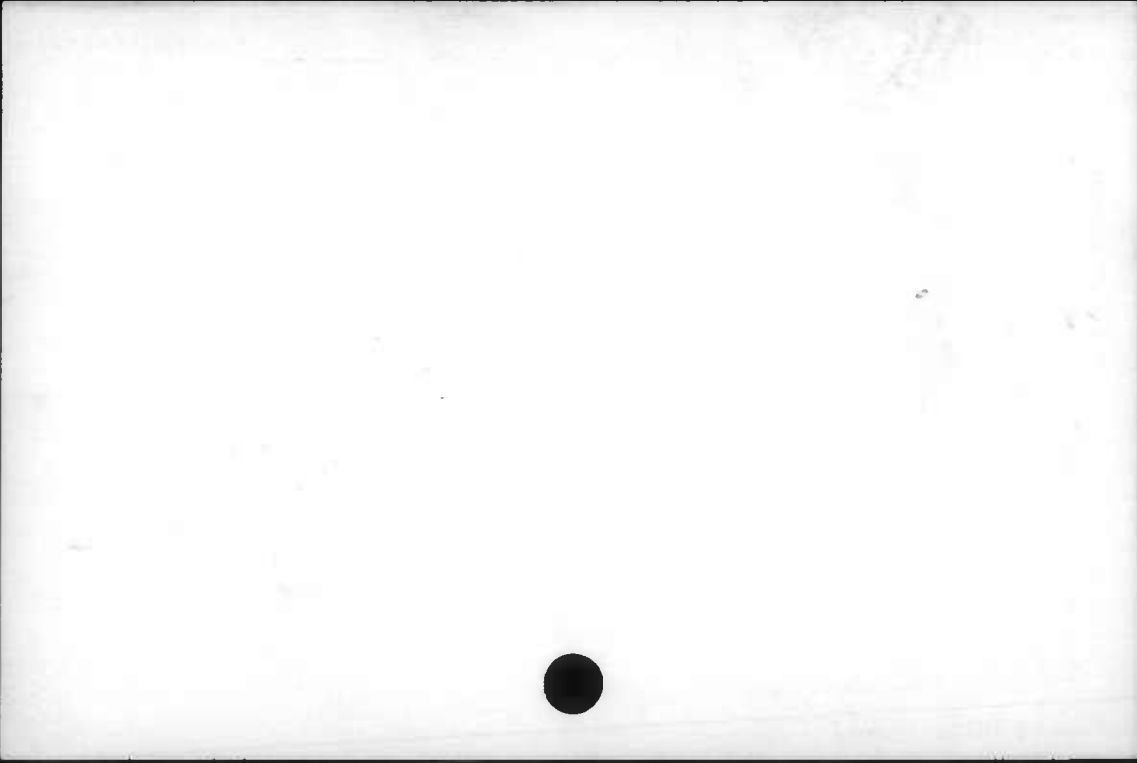
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hambleton</i>		County <i>Talbot</i>		State <b>MARYLAND</b>	
Date of death	190 <i>9</i>	Month <i>Dec</i>	Day <i>24</i>	Age <i>71</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Talbot Co</i>				
Occupation <i>merchant</i>			Where Residing if not at place of death <i>Hambleton</i>				
Married, <del>Single</del> <del>or Widowed</del> <i>married</i>		Name of Wife or Husband <i>Adella J. Valliant</i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Courtesy Valliant</i>			How related to deceased <i>Son</i>				

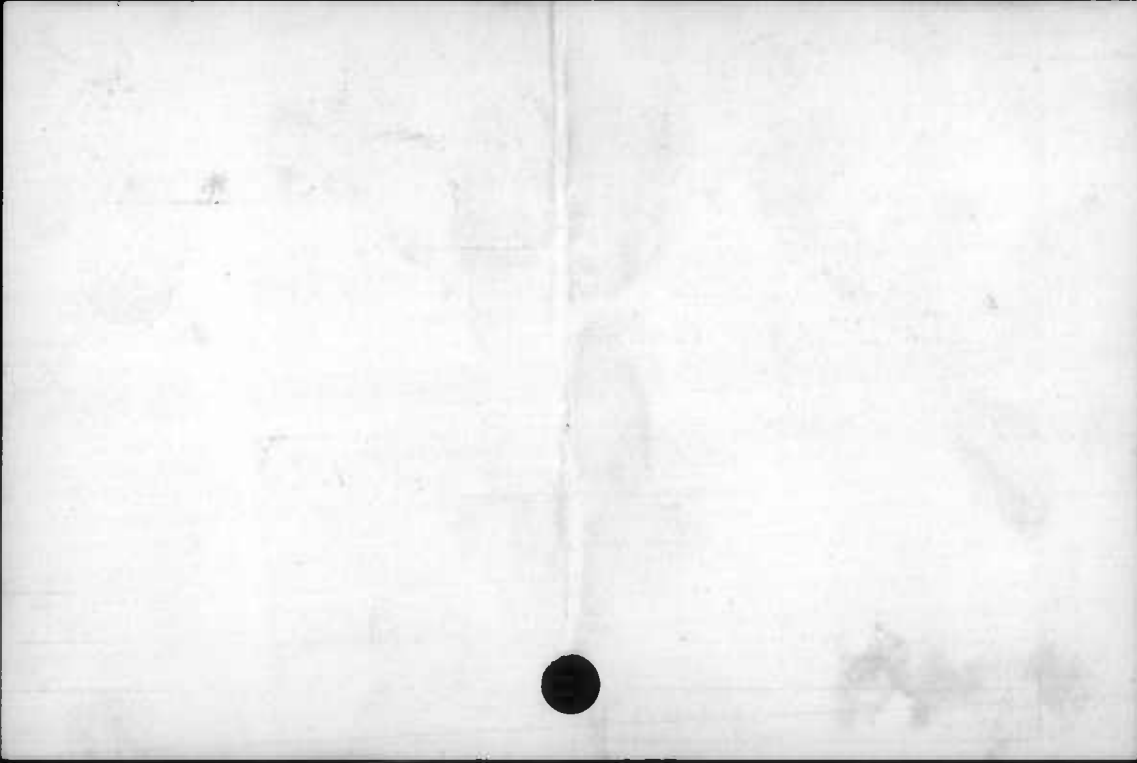
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>120</i> <i>10 years</i>
Immediate <i>Stenoplegia - Coma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. McCormick</i>
	Address <i>Trappe - Md.</i>
Accident or Suicide	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Stella Waller</u> <u>MT Pleasant</u> <u>Tulbott</u> <u>Tulbott</u> <u>County</u>		MARYLAND	
		Date of death <u>1909</u> <u>Dec</u> <u>16</u> <u>Age</u> <u>7</u> <u>Months</u> <u>2</u> <u>Days</u>			
		Sex <u>Female</u> <u>Color or Race</u> <u>Red</u> <u>Birth-place</u> <u>Tulbott Co</u>			
		Occupation <u>Child</u> <u>Where Residing if not at place of death</u> <u>—</u>			
		Married, Single or Widowed <u>Child</u> <u>Name of Wife or Husband</u> <u>—</u>			
		Father's Name <u>Edw. Wilson</u> <u>Father's Birthplace</u> <u>Mich</u>			
		Mother's Maiden Name <u>Lutie Waller</u> <u>Mother's Birthplace</u> <u>Mich</u>			
Name of person giving information <u>J. G. Waller</u> <u>How related to deceased</u> <u>S. F. Fitter</u>					
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Appendicitis</u> <u>How long</u> <u>2 months</u>				
	Immediate <u>Rupture of abscess of Appendix</u> <u>How long</u> <u>5 hours</u>				
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>B. Mervin</u>			
		Address <u>—</u>			
	Accident or Suicide?				



Name  
in  
Full

Sarah Ellen Watkins

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> St Michaels <sup>County</sup> Talbot MARYLANDDate of death 1909 <sup>Month</sup> December <sup>Day</sup> 23 <sup>Years</sup> Age 90 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race White Birth-place Talbot Co

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband James B Watkins

Father's Name Elsbury Kirby Father's Birthplace Talbot Co

Mother's Maiden Name Anne Marie Marshall Mother's Birthplace Talbot Co

Name of person giving Information Edward Watkins How related to deceased Son

## CAUSES OF DEATH

Primary Uterine presentation. How long  
Immediate Infirmitie incident to Old age. Several yrs. How long

Are the name, age, sex, color, date and place correctly given above?

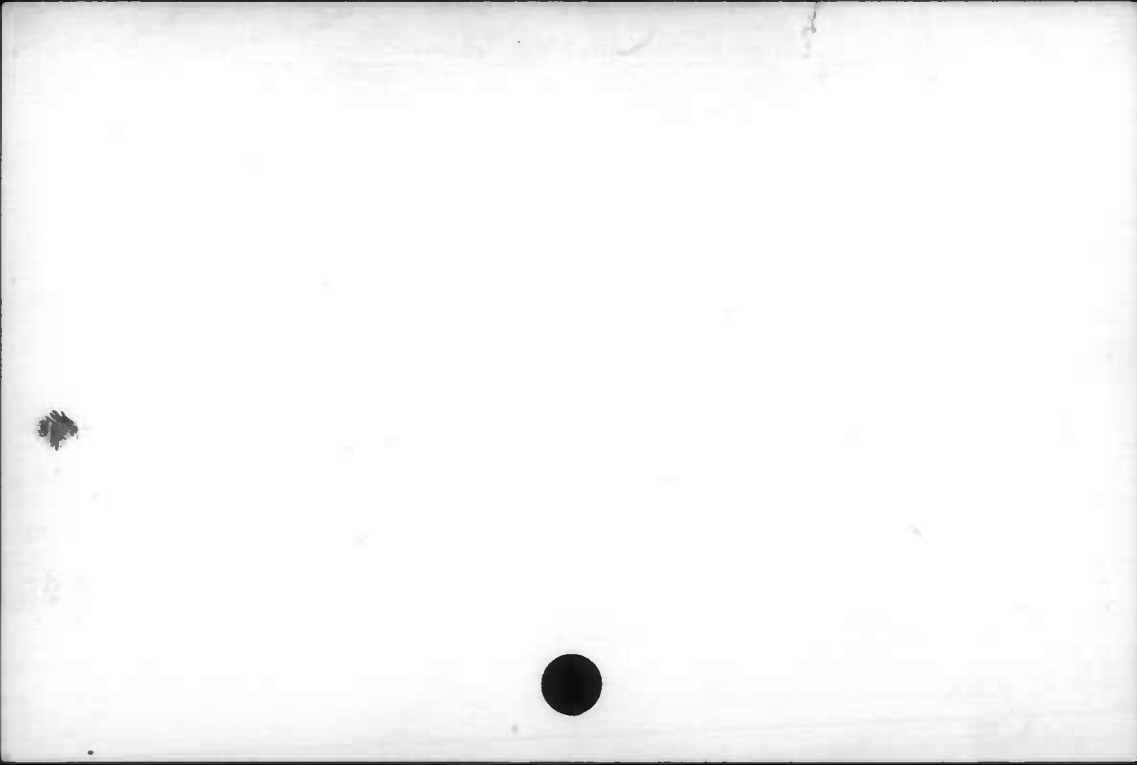
Signature of Physician

Address

Robt A. Dodson  
St Michaels Talbot Co. Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Blanche Williams

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Dec,	7th	Age 26			
Sex	Female	Color or Race	Colored		Birth-place	Talbot Co. Md,	
Occupation	Inmate County Home			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband		John Williams		
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	John De Guenchy			How related to deceased	Supt.		

CAUSES OF DEATH

Primary	Organic heart disease	How long	Several years
Immediate	Dysentery	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Mr S. Symons
	no	Address	Talbot Co. Md,
Accident or Suicide			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

williamsburg

Name  
in  
Full

Mary Elmer Williams

CERTIFICATE OF DEATH

Died at Easton Town Jalbot County MARYLAND  
 Date of death 1909 Dec 22 Month Day Years 8 Months 1 Days  
 Sex Female Color or Race Beach Birth-place Easton  
 Occupation None Where Residing if not at place of death Easton

Married, Single or Widowed X Name of Wife or Husband \_\_\_\_\_  
 Father's Name Fred Williams Father's Birthplace Jalbot Co  
 Mother's Maiden Name Marie Sullivan Mother's Birthplace Jalbot Co  
 Name of person giving Information Marie Sullivan How related to deceased Mother

CAUSES OF DEATH

Primary Deep Cold 90 How long 4 Days  
 Immediate 1 Day

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John B Fairbank  
 Address Easton Md  
Coroner  
 Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Sherrwood</i>		County <i>Dulles</i>		MARYLAND	
Date of death		Month <i>Dec</i>	Day <i>29</i>	Years <i>87</i>	Months <i>5</i>	Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hillsborough Md</i>			
Occupation <i>Pump Maker</i>		Where Residing if not at place of death <i>Sherrwood</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Matilda Larr</i>					
Father's Name <i>William Yewell</i>		Father's Birthplace <i>Caroline Co.</i>					
Mother's Maiden Name <i>Frances Yewell</i>		Mother's Birthplace <i>Queen Anne's Co.</i>					
Name of person giving Information <i>Florence Marshall</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

Primary

*Chronic Nephritis*

How long

*120**57 yrs*

Immediate

*Congestion of Lungs*

How long

*3 days*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*J. Kenneth Wilson**Fitz Luman M.D.*

Accident or Suicide

*No*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Young Died after birth 24 hours

Town *Ingrown* County *Salbot* MARYLAND

Died at *Ingrown*

Date of death 1909 Month *Dec* Day *31* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Ingrown*

Occupation *none* Where Residing if not at place of death *X*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *Mordecai Young* Father's Birthplace *Ind*

Mother's Maiden Name *Marta E. Nalley* Mother's Birthplace *Ind*

Name of person giving Information *Mordecai Young* How related to deceased *father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Weak at birth* How long *151*

Immediate *Exhaustion* How long *a few hours*

Are the name, age, sex, color, date and place correctly given above? *E. R. Duffie M.D.*

Signature of Physician *E. R. Duffie M.D.*

Address *Easton*

Accident or Suicide *Taken from birth Card of midwife Mary Wilson*

